



2022 CODING
GUIDELINES
INCLUDED

EXPERT

ICD-10-CM Expert for Skilled Nursing Facilities and Inpatient Rehabilitation Facilities

The complete official code set

Codes valid from October 1, 2021
through September 30, 2022

2022

optum360coding.com

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Indexes

Index to Diseases and Injuries

The Index to Diseases and Injuries is arranged in alphabetic order by terms specific to a disease, condition, illness, injury, eponym, or abbreviation as well as terms that describe circumstances other than a disease or injury that may require attention from a health care professional.

Neoplasm Table

The Neoplasm Table is arranged in alphabetic order by anatomical site. Codes are then listed in individual columns based upon the histological behavior (malignant, in situ, benign, uncertain, or unspecified) of the neoplasm.

Table of Drugs and Chemicals

The Table of Drugs and Chemicals is arranged in alphabetic order by the specific drug or chemical name. Codes are listed in individual columns based upon the associated intent (poisoning, adverse effect, or underdosing).

External Causes Index

The External Causes Index is arranged in alphabetic order by main terms that describe the cause, the intent, the place of occurrence, the activity, and the status of the patient at the time the injury occurred or health condition arose.

Index Notations

With

The word “with” or “in” should be interpreted to mean “associated with” or “due to.” The classification presumes a causal relationship between the two conditions linked by these terms in the index. These conditions should be coded as related even in the absence of provider documentation explicitly linking them unless the documentation clearly states the conditions are unrelated or when another guideline specifically requires a documented linkage between two conditions (e.g., the sepsis guideline for “acute organ dysfunction that is not clearly associated with the sepsis”). For conditions not specifically linked by these relational terms in the classification or when a guideline requires explicit documentation of a linkage between two conditions, provider documentation must link the conditions to code them as related.

The word “with” in the index is sequenced immediately following the main term, not in alphabetical order.

Dermatopolymyositis M33.90
with
myopathy M33.92
respiratory involvement M33.91
specified organ involvement NEC M33.99
in neoplastic disease — *see also* Neoplasm D49.9 [M36.0]

See

When the instruction “see” follows a term in the index, it indicates that another term must be referenced to locate the correct code.

Hematoperitoneum — *see* Hemoperitoneum

See Also

The instructional note “see also” simply provides alternative terms the coder may reference that may be useful in determining the correct code but are not necessary to follow if the main term supplies the appropriate code.

Hematuria — *see also* Hemaglobinuria
malarial B50.8

Default Codes

In the index, the default code is the code listed next to the main term and represents the condition most commonly associated with that main term. This code may be assigned when documentation does not support reporting a more specific code. Alternatively, it may provide an unspecified code for the condition.

Hemiatrophy R68.89
cerebellar G31.9
face, facial, progressive (Romberg) G51.8
tongue K14.8

Parentheses

Parentheses in the indexes enclose nonessential modifiers, supplementary words that may be present or absent in the statement of a disease without affecting the code.

Pseudomeningocele (cerebral) (infective) (post-traumatic)
G96.198
postprocedural (spinal) G97.82

Brackets

ICD-10-CM has a coding convention addressing code assignment for manifestations that occur as a result of an underlying condition. This convention requires the underlying condition to be sequenced first, followed by the code or codes for the associated manifestation. In the index, italicized codes in brackets identify manifestation codes.

Polyneuropathy (peripheral) G62.9
alcoholic G62.1
amyloid (Portuguese) E85.1 [G63]
transthyretin-related (ATTR) familial E85.1 [G63]

Shaded Guides

Exclusive vertical shaded guides in the Index to Diseases and Injuries and External Causes Index help the user easily follow the indent levels for the subentries under a main term. Sequencing rules may apply depending on the level of indent for separate subentries.

Hemicrania
congenital malformation Q00.0
continua G44.51
meaning migraine — *see also* Migraine G43.909
paroxysmal G44.039
chronic G44.049
intractable G44.041
not intractable G44.049
episodic G44.039
intractable G44.031
not intractable G44.039
intractable G44.031
not intractable G44.039



Following References

The Index to Diseases and Injuries includes following references to assist in locating out-of-sequence codes in the tabular list. Out-of-sequence codes contain an alphabetic character (letter) in the third- or fourth-character position. These codes are placed according to the classification rules — according to condition — not according to alphabetic or numeric sequencing rules.

Carcinoma (malignant) — *see also* Neoplasm, by site, malignant neuroendocrine — *see also* Tumor, neuroendocrine
high grade, any site C7A.1 (*following* C75)
poorly differentiated, any site C7A.1 (*following* C75)

Additional Character Required

The Index to Diseases and Injuries, Neoplasm Table, and External Causes Index provide an icon after certain codes to signify to the user that additional characters are required to make the code valid. The tabular list should be consulted for appropriate character selection.

Fall, falling (accidental) W19 
building W20.1 

Tabular List of Diseases

ICD-10-CM codes and descriptions are arranged numerically within the tabular list of diseases with 19 separate chapters providing codes associated with a particular body system or nature of injury or disease. There is also a chapter providing codes for external causes of an injury or health conditions, a chapter for codes that address encounters with healthcare facilities for circumstances other than a disease or injury, and finally, a chapter for codes that capture special circumstances such as new diseases of uncertain etiology or emergency use codes.

Code and Code Descriptions

ICD-10-CM is an alphanumeric classification system that contains categories, subcategories, and valid codes. The first character is always a letter with any additional characters represented by either a letter or number. A three-character category without further subclassification is equivalent to a valid three-character code. Valid codes may be three, four, five, six, or seven characters in length, with each level of subdivision after a three-character category representing a subcategory. The final level of subdivision is a valid code.

Boldface

Boldface type is used for all codes and descriptions in the tabular list.

Italics

Italicized type is used to identify manifestation codes, those codes that should not be reported as first-listed diagnoses.










Deleted Text

~~Strike through~~ on a code and code description indicates a deletion from the classification for the current year.

Key Word










Green font is used throughout the Tabular List of Diseases to differentiate the key words that appear in similar code descriptions in a given category or subcategory. The key word convention is used only in those categories in which there are multiple codes with very similar descriptions with only a few words that differentiate them.

For example, refer to the list of codes below from category H55:

	H55 Nystagmus and other irregular eye movements	
	H55.0 Nystagmus	
	H55.00 Unspecified nystagmus	
	H55.01 Congenital nystagmus	
	H55.02 Latent nystagmus	
	H55.03 Visual deprivation nystagmus	
	H55.04 Dissociated nystagmus	
	H55.09 Other forms of nystagmus	

The portion of the code description that appears in **green font** in the tabular list helps the coder quickly identify the key terms and the correct

code. This convention is especially useful when the codes describe laterality, such as the following codes from subcategory H40.22:

	H40.22 Chronic angle-closure glaucoma Chronic primary angle-closure glaucoma	
	H40.221 Chronic angle-closure glaucoma, right eye	
	H40.222 Chronic angle-closure glaucoma, left eye	
	H40.223 Chronic angle-closure glaucoma, bilateral	
	H40.229 Chronic angle-closure glaucoma, unspecified eye	

Tabular Notations

Official parenthetical notes as well as Optum360's supplementary notations are provided at the chapter, code block, category, subcategory, and individual code level to help the user assign proper codes. The information in the notation can apply to one or more codes depending on where the citation is placed.

Official Notations**Includes Notes**

The word **[INCLUDES]** appears immediately under certain categories to further define, clarify, or give examples of the content of a code category.

Inclusion Terms

Lists of inclusion terms are included under certain codes. These terms indicate some of the conditions for which that code number may be used. Inclusion terms may be synonyms with the code title, or, in the case of "other specified" codes, the terms may also provide a list of various conditions included within a classification code. The inclusion terms are not exhaustive. The index may provide additional terms that may also be assigned to a given code.

Excludes Notes

ICD-10-CM has two types of excludes notes. Each note has a different definition for use. However, they are similar in that they both indicate that codes excluded from each other are independent of each other.

Excludes 1

An **EXCLUDES 1** note is a "pure" excludes. It means "NOT CODED HERE!" An Excludes 1 note indicates mutually exclusive codes: two conditions that cannot be reported together. An Excludes 1 note indicates that the code excluded should never be used at the same time as the code above the Excludes 1 note. An Excludes 1 is used when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition.

An exception to the Excludes 1 definition is when the two conditions are unrelated to each other. If it is not clear whether the two conditions involving an Excludes 1 note are related or not, query the provider. For example, code F45.8 Other somatoform disorders, has an Excludes 1 note for "sleep related teeth grinding (G47.63)" because "teeth grinding" is an inclusion term under F45.8. Only one of these two codes should be assigned for teeth grinding. However, psychogenic dysmenorrhea is also an inclusion term under F45.8, and a patient could have both this condition and sleep-related teeth grinding. In this case, the two conditions are clearly unrelated to each other, so it would be appropriate to report F45.8 and G47.63 together.

Excludes 2

An **EXCLUDES 2** note means "NOT INCLUDED HERE." An Excludes 2 note indicates that although the excluded condition is not part of the condition it is excluded from, a patient may have both conditions at the same time. Therefore, when an Excludes 2 note appears under a code, it may be acceptable to use both the code and the excluded code together if supported by the medical documentation.

10 Steps to Correct Coding

Follow the 10 steps below to correctly code encounters for health care services.

Step 1: Identify the reason for the visit or encounter (i.e., a sign, symptom, diagnosis and/or condition).

The medical record documentation should accurately reflect the patient's condition, using terminology that includes specific diagnoses and symptoms or clearly states the reasons for the encounter.

Choosing the main term that best describes the reason chiefly responsible for the service provided is the most important step in coding. If symptoms are present and documented but a definitive diagnosis has not yet been determined, code the symptoms. *For outpatient cases, do not code conditions that are referred to as "rule out," "suspected," "probable," or "questionable."* Diagnoses often are not established at the time of the initial encounter/visit and may require two or more visits to be established. Code only what is documented in the available outpatient records and only to the highest degree of certainty known at the time of the patient's visit. For inpatient medical records, uncertain diagnoses may be reported if documented at the time of discharge.

Step 2: After selecting the reason for the encounter, consult the alphabetic index.

The most critical rule is to begin code selection in the alphabetic index. Never turn first to the tabular list. The index provides cross-references, essential and nonessential modifiers, and other instructional notations that may not be found in the tabular list.

Step 3: Locate the main term entry.

The alphabetic index lists conditions, which may be expressed as nouns or eponyms, with critical use of adjectives. Some conditions known by several names have multiple main entries. Reasons for encounters may be located under general terms such as admission, encounter, and examination. Other general terms such as history, status (post), or presence (of) can be used to locate other factors influencing health.

Step 4: Scan subterm entries.

Scan the subterm entries, as appropriate, being sure to review continued lines and additional subterms that may appear in the next column or on the next page. Shaded vertical guidelines in the index indicate the indentation level for each subterm in relation to the main terms.

Step 5: Pay close attention to index instructions.

- Parentheses () enclose nonessential modifiers, terms that are supplementary words or explanatory information that may or may not appear in the diagnostic statement and do not affect code selection.
- Brackets [] enclose manifestation codes that can be used only as secondary codes to the underlying condition code immediately preceding it. If used, manifestation codes must be reported with the appropriate etiology codes.
- Default codes are listed next to the main term and represent the condition most commonly associated with the main term or the unspecified code for the main term.
- "See" cross-references, identified by italicized type and "code by" cross-references indicate that another term *must be referenced* to locate the correct code.
- "See also" cross-references, identified by italicized type, provide alternative terms that may be useful to look up but *are not mandatory*.
- "Omit code" cross-references identify instances when a code is not applicable depending on the condition being coded.
- "With" subterms are listed out of alphabetic order and identify a presumed causal relationship between the two conditions they link.
- "Due to" subterms identify a relationship between the two conditions they link.

- "NEC," abbreviation for "not elsewhere classified," follows some main terms or subterms and indicates that there is no specific code for the condition even though the medical documentation may be very specific.
- "NOS," abbreviation for "not otherwise specified," follows some main terms or subterms and is the equivalent of unspecified; NOS signifies that the information in the medical record is insufficient for assigning a more specific code.
- *Following* references help coders locate alphanumeric codes that are out of sequence in the tabular section.
- Check additional-character symbols flag codes that require additional characters to make the code valid; the characters available to complete the code should be verified in the tabular section.

Step 6: Choose a potential code and locate it in the tabular list.

To prevent coding errors, always use both the alphabetic index (to identify a code) and the tabular list (to verify a code), as the index does not include the important instructional notes found in the tabular list. An added benefit of using the tabular list, which groups like things together, is that while looking at one code in the list, a coder might see a more specific one that would have been missed had the coder relied solely on the alphabetic index. Additionally, many of the codes require a fourth, fifth, sixth, or seventh character to be valid, and many of these characters can be found only in the tabular list.

Step 7: Read all instructional material in the tabular section.

The coder must follow any Includes, Excludes 1 and Excludes 2 notes, and other instructional notes, such as "Code first" and "Use additional code," listed in the tabular list for the chapter, category, subcategory, and subclassification levels of code selection that direct the coder to use a different or additional code. Any codes in the tabular range A00.0- through T88.9- may be used to identify the diagnostic reason for the encounter. The tabular list encompasses many codes describing disease and injury classifications (e.g., infectious and parasitic diseases, neoplasms, symptoms, nervous and circulatory system etc.).

Codes that describe symptoms and signs, as opposed to definitive diagnoses, should be reported when an established diagnosis has not been made (confirmed) by the physician. Chapter 18 of the ICD-10-CM code book, "Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified" (codes R00.-R99), contains many, but not all, codes for symptoms.

ICD-10-CM classifies encounters with health care providers for circumstances other than a disease or injury in chapter 21, "Factors Influencing Health Status and Contact with Health Services" (codes Z00-Z99). Circumstances other than a disease or injury often are recorded as chiefly responsible for the encounter.

A code is invalid if it does not include the full number of characters (greatest level of specificity) required. Codes in ICD-10-CM can contain from three to seven alphanumeric characters. A three-character code is to be used only if the category is not further subdivided into four-, five-, six-, or seven-character codes. Placeholder character X is used as part of an alphanumeric code to allow for future expansion and as a placeholder for empty characters in a code that requires a seventh character but has no fourth, fifth, or sixth character. Note that certain categories require seventh characters that apply to all codes in that category. Always check the category level for applicable seventh characters for that category.

Step 8: Consult the official ICD-10-CM conventions and guidelines.

The *ICD-10-CM Official Guidelines for Coding and Reporting* govern the use of certain codes. These guidelines provide both general and chapter-specific coding guidance.

Admission

Admission — *continued*
 examination at health care facility — *see also* Examination — *continued*
 vision — *continued*
 infant or child (over 28 days old) Z00.129
 with abnormal findings Z00.121

fitting (of)
 artificial
 arm — *see* Admission, adjustment, artificial, arm
 eye Z44.2 ✓
 leg — *see* Admission, adjustment, artificial, leg
 brain neuropacemaker Z46.2
 implanted Z45.42
 breast prosthesis (external) Z44.3 ✓
 colostomy belt Z46.89
 contact lenses Z46.0
 cystostomy device Z46.6
 dental prosthesis Z46.3
 dentures Z46.3
 device NEC
 abdominal Z46.89
 nervous system Z46.2
 implanted — *see* Admission, adjustment, device, implanted, nervous system
 orthodontic Z46.4
 prosthetic Z44.9
 breast Z44.3 ✓
 dental Z46.3
 eye Z44.2 ✓
 substitution
 auditory Z46.2
 implanted — *see* Admission, adjustment, device, implanted, hearing device
 nervous system Z46.2
 implanted — *see* Admission, adjustment, device, implanted, nervous system
 visual Z46.2
 implanted Z45.31
 hearing aid Z46.1
 ileostomy device Z46.89
 intestinal appliance or device NEC Z46.89
 neuropacemaker (brain) (peripheral nerve) (spinal cord) Z46.2
 implanted Z45.42
 orthodontic device Z46.4
 orthopedic device (brace) (cast) (shoes) Z46.89
 prosthesis Z44.9
 arm — *see* Admission, adjustment, artificial, arm
 breast Z44.3 ✓
 dental Z46.3
 eye Z44.2 ✓
 leg — *see* Admission, adjustment, artificial, leg
 specified type NEC Z44.8
 spectacles Z46.0
 follow-up examination Z09
 intrauterine device management Z30.431
 initial prescription Z30.014
 mental health evaluation Z00.8
 requested by authority Z04.6
 observation — *see* Observation
 Papanicolaou smear, cervix Z12.4
 for suspected malignant neoplasm Z12.4
 plastic and reconstructive surgery following medical procedure or healed injury NEC Z42.8
 plastic surgery, cosmetic NEC Z41.1
 postpartum observation
 immediately after delivery Z39.0
 routine follow-up Z39.2
 poststerilization (for restoration) Z31.0
 aftercare Z31.42
 procreative management Z31.9
 prophylactic (measure) — *see also* Encounter, prophylactic measures
 organ removal Z40.00
 breast Z40.01
 fallopian tube(s) Z40.03
 with ovary(s) Z40.02
 ovary(s) Z40.02
 specified organ NEC Z40.09
 testes Z40.09
 vaccination Z23
 psychiatric examination (general) Z00.8
 requested by authority Z04.6
 radiation therapy (antineoplastic) Z51.0
 reconstructive surgery following medical procedure or healed injury NEC Z42.8
 removal of
 cystostomy catheter Z43.5

Admission — *continued*
 removal of — *continued*
 drains Z48.03
 dressing (nonsurgical) Z48.00
 implantable subdermal contraceptive Z30.46
 intrauterine contraceptive device Z30.432
 neuropacemaker (brain) (peripheral nerve) (spinal cord) Z46.2
 implanted Z45.42
 staples Z48.02
 surgical dressing Z48.01
 sutures Z48.02
 ureteral stent Z46.6
 respirator [ventilator] use during power failure Z99.12
 restoration of organ continuity (poststerilization) Z31.0
 aftercare Z31.42
 sensitivity test — *see also* Test, skin
 allergy NEC Z01.82
 Mantoux Z11.1
 tuboplasty following previous sterilization Z31.0
 aftercare Z31.42
 vasoplasty following previous sterilization Z31.0
 aftercare Z31.42
 vision examination Z01.00
 with abnormal findings Z01.01
 following failed vision screening Z01.020
 with abnormal findings Z01.021
 infant or child (over 28 days old) Z00.129
 with abnormal findings Z00.121
 waiting period for admission to other facility Z75.1

Adnexitis (suppurative) — *see* Salpingo-oophoritis
Adolescent X-linked adrenoleukodystrophy E71.521
Adrenal (gland) — *see* condition
Adrenalism, tuberculous A18.7
Adrenatitis, adrenitis E27.8
 autoimmune E27.1
 meningococcal, hemorrhagic A39.1
Adrenarcho, premature E27.0
Adrenocortical syndrome — *see* Cushing's, syndrome
Adrenogenital syndrome E25.9
 acquired E25.8
 congenital E25.0
 salt loss E25.0
Adrenogenitalism, congenital E25.0
Adrenoleukodystrophy E71.529
 neonatal E71.511
 X-linked E71.529
 Addison only phenotype E71.528
 Addison-Schilder E71.528
 adolescent E71.521
 adrenomyeloneuropathy E71.522
 childhood cerebral E71.520
 other specified E71.528
Adrenomyeloneuropathy E71.522
Adventitious bursa — *see* Bursopathy, specified type
 NEC
Adverse effect — *see* Table of Drugs and Chemicals, categories T36-T50, with 6th character 5
Advice — *see* Counseling
Adynamia (episodic) (hereditary) (periodic) G72.3
Aeration lung imperfect, newborn — *see* Atelectasis
Aerobullosis T70.3 ✓
Aerocele — *see* Embolism, air
Aerodermection
 subcutaneous (traumatic) T79.7 ✓
Aerodontalgia T70.29 ✓
Aeroembolism T70.3 ✓
Aerogenes capsulatus infection A48.0
Aero-otitis media T70.0 ✓
Aerophagy, aerophagia (psychogenic) F45.8
Aerophobia F40.228
Aerosinusitis T70.1 ✓
Aerotitis T70.0 ✓
Affection — *see* Disease
Afibrinogenemia — *see also* Defect, coagulation D68.8
 acquired D65
 congenital D68.2
 following ectopic or molar pregnancy O08.1
 in abortion — *see* Abortion, by type, complicated by, afibrinogenemia
 puerperal O72.3
African
 sleeping sickness B56.9
 tick fever A68.1
 trypanosomiasis B56.9
 gambian B56.0
 rhodesian B56.1
Aftercare — *see also* Care Z51.89

Aftercare — *continued*
 following surgery (for) (on)
 amputation Z47.81
 attention to
 drains Z48.03
 dressings (nonsurgical) Z48.00
 surgical Z48.01
 sutures Z48.02
 circulatory system Z48.812
 delayed (planned) wound closure Z48.1
 digestive system Z48.815
 explantation of joint prosthesis (staged procedure)
 hip Z47.32
 knee Z47.33
 shoulder Z47.31
 genitourinary system Z48.816
 joint replacement Z47.1
 neoplasm Z48.3
 nervous system Z48.811
 oral cavity Z48.814
 organ transplant
 bone marrow Z48.290
 heart Z48.21
 heart-lung Z48.280
 kidney Z48.22
 liver Z48.23
 lung Z48.24
 multiple organs NEC Z48.288
 specified NEC Z48.298
 orthopedic NEC Z47.89
 planned wound closure Z48.1
 removal of internal fixation device Z47.2
 respiratory system Z48.813
 scoliosis Z47.82
 sense organs Z48.810
 skin and subcutaneous tissue Z48.817
 specified body system
 circulatory Z48.812
 digestive Z48.815
 genitourinary Z48.816
 nervous Z48.811
 oral cavity Z48.814
 respiratory Z48.813
 sense organs Z48.810
 skin and subcutaneous tissue Z48.817
 teeth Z48.814
 specified NEC Z48.89
 spinal Z47.89
 teeth Z48.814
 fracture — *code* to fracture with seventh character D
 involving
 removal of
 drains Z48.03
 dressings (nonsurgical) Z48.00
 staples Z48.02
 surgical dressings Z48.01
 sutures Z48.02
 neuropacemaker (brain) (peripheral nerve) (spinal cord) Z46.2
 implanted Z45.42
 orthopedic NEC Z47.89
 postprocedural — *see* Aftercare, following surgery
After-cataract — *see* Cataract, secondary
Agalactia (primary) O92.3
 elective, secondary or therapeutic O92.5
Agammaglobulinemia (acquired) (secondary) (nonfamilial) D80.1
 with
 immunoglobulin-bearing B-lymphocytes D80.1
 lymphopenia D81.9
 autosomal recessive (Swiss type) D80.0
 Bruton's X-linked D80.0
 common variable (CV gamma) D80.1
 congenital sex-linked D80.0
 hereditary D80.0
 lymphopenic D81.9
 Swiss type (autosomal recessive) D80.0
 X-linked (with growth hormone deficiency) (Bruton) D80.0
Aganglionosis (bowel) (colon) Q43.1
Age (old) — *see* Senility
Agensis
 adrenal (gland) Q89.1
 alimentary tract (complete) (partial) NEC Q45.8
 upper Q40.8
 anus, anal (canal) Q42.3
 with fistula Q42.2
 aorta Q25.41

Chapter 4. Endocrine, Nutritional and Metabolic Diseases (E00–E89)

Chapter-specific Guidelines with Coding Examples

The chapter-specific guidelines from the ICD-10-CM Official Guidelines for Coding and Reporting have been provided below. Along with these guidelines are coding examples, contained in the shaded boxes, that have been developed to help illustrate the coding and/or sequencing guidance found in these guidelines.

a. Diabetes mellitus

The diabetes mellitus codes are combination codes that include the type of diabetes mellitus, the body system affected, and the complications affecting that body system. As many codes within a particular category as are necessary to describe all of the complications of the disease may be used. They should be sequenced based on the reason for a particular encounter. Assign as many codes from categories E08–E13 as needed to identify all of the associated conditions that the patient has.

Patient is admitted with reported diagnoses of uncontrolled diabetes, type 2, with diabetic polyneuropathy and diabetic retinopathy with macular edema. Endocrinology clinical notes indicate a current HgA1c of 12.4 and “persistent blood glucose elevations over 300.”

E11.65 Type 2 diabetes mellitus with hyperglycemia

E11.311 Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema

E11.42 Type 2 diabetes mellitus with diabetic polyneuropathy

Explanation: Use as many codes to describe the diabetic complications as needed. Many are combination codes that describe more than one condition. “Uncontrolled” may reference hypo- or hyperglycemia, based upon available provider documentation.

1) Type of diabetes

The age of a patient is not the sole determining factor, though most type 1 diabetics develop the condition before reaching puberty. For this reason type 1 diabetes mellitus is also referred to as juvenile diabetes.

A 45-year-old patient is diagnosed with type 1 diabetes.

E10.9 Type 1 diabetes mellitus without complications

Explanation: Although most type 1 diabetics are diagnosed in childhood or adolescence, it can also begin in adults.

2) Type of diabetes mellitus not documented

If the type of diabetes mellitus is not documented in the medical record the default is E11.-, Type 2 diabetes mellitus.

Patient is referred with new diagnoses reported in provider clinical notes as diabetes and hypertension.

E11.9 Type 2 diabetes mellitus without complications

I10 Essential (primary) hypertension

Explanation: Since the type of diabetes was not documented and no complications were noted, the default code is E11.9.

3) Diabetes mellitus and the use of insulin, oral hypoglycemics, and injectable non-insulin drugs

If the documentation in a medical record does not indicate the type of diabetes but does indicate that the patient uses insulin, code E11.-, Type 2 diabetes mellitus, should be assigned. An additional code should be assigned from category Z79 to identify the long-term (current) use of insulin or oral hypoglycemic drugs. If the patient is treated with both oral medications and insulin, only the code for long-term (current) use of insulin should be assigned. **If the patient is treated with both insulin and an injectable non-insulin antidiabetic drug, assign codes Z79.4, Long-term (current) use of insulin, and Z79.899, Other long term (current) drug therapy. If the patient is treated with both oral hypoglycemic drugs and an injectable non-insulin antidiabetic drug, assign codes Z79.84, Long-term (current) use of oral hypoglycemic drugs, and Z79.899, Other long-term (current) drug therapy.** Code Z79.4 should not be assigned if insulin is given temporarily to bring a type 2 patient’s blood sugar under control during an encounter.

Patient is referred with documented provider notes reporting 10-year history of diabetes requiring daily insulin use.

E11.9 Type 2 diabetes mellitus without complications

Z79.4 Long term (current) use of insulin

Explanation: Do not assume that a patient requiring insulin use must have type 1 diabetes. The default for diabetes without further specification defaults to type 2. Add the code for long-term use of insulin.

4) Diabetes mellitus in pregnancy and gestational diabetes

See Section I.C.15. Diabetes mellitus in pregnancy.

See Section I.C.15. Gestational (pregnancy induced) diabetes

5) Complications due to insulin pump malfunction

(a) Underdose of insulin due to insulin pump failure

An underdose of insulin due to an insulin pump failure should be assigned to a code from subcategory T85.6, Mechanical complication of other specified internal and external prosthetic devices, implants and grafts, that specifies the type of pump malfunction, as the principal or first-listed code, followed by code T38.3X6-, Underdosing of insulin and oral hypoglycemic [antidiabetic] drugs. Additional codes for the type of diabetes mellitus and any associated complications due to the underdosing should also be assigned.

A 76-year-old male with diabetic ESRD is admitted for rehabilitation and develops hyperglycemia. He has had an insulin pump for 14 years and after returning from the ER, is noted to have experienced hyperglycemia due to a pump malfunction that caused too little insulin to be administered. On return, the blood sugars are resolving.

T85.614D Breakdown (mechanical) of insulin pump, subsequent encounter

T38.3X6D Underdosing of insulin and oral hypoglycemic [antidiabetic] drugs, subsequent encounter

E11.65 Type 2 diabetes mellitus with hyperglycemia

E11.22 Type 2 diabetes mellitus with diabetic chronic kidney disease

N18.6 End stage renal disease

Explanation: The complication code for the mechanical breakdown of the pump is sequenced first, followed by the underdosing code and code for the type of diabetes with complication. If other diabetic complications are present, assign all codes needed to capture each complication. The seventh character D is used for a subsequent encounter.

(b) Overdose of insulin due to insulin pump failure

The principal or first-listed code for an encounter due to an insulin pump malfunction resulting in an overdose of insulin, should also be T85.6-, Mechanical complication of other specified internal and external prosthetic devices, implants and grafts, followed by code T38.3X1-, Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, accidental (unintentional).

A 70-year-old female with type 2 diabetes is found on the floor and sent to the ER. On her return from the hospital, it is noted that a failure of her insulin pump that caused excess insulin administration was the cause of hypoglycemia, resulting in her condition.

T85.614D Breakdown (mechanical) of insulin pump, subsequent encounter

T38.3X1D Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, accidental (unintentional), subsequent encounter

E11.649 Type 2 diabetes mellitus with hypoglycemia without coma

Explanation: The complication code for the mechanical breakdown of the pump is sequenced first, followed by the code for poisoning and type of diabetes with any associated complications. The seventh character D is used for subsequent encounter.

- ✓4th** **J63 Pneumoconiosis due to other inorganic dusts**
EXCLUDES1 *pneumoconiosis with tuberculosis, any type in A15 (J65)*
J63.0 Aluminosis (of lung)
J63.1 Bauxite fibrosis (of lung)
J63.2 Berylliosis
J63.3 Graphite fibrosis (of lung)
J63.4 Siderosis
 AHA: 2019,3Q,8
J63.5 Stannosis
J63.6 Pneumoconiosis due to other specified inorganic dusts
- J64 Unspecified pneumoconiosis**
EXCLUDES1 *pneumoconiosis with tuberculosis, any type in A15 (J65)*
- J65 Pneumoconiosis associated with tuberculosis**
 Any condition in J60–J64 with tuberculosis, any type in A15
 Silicotuberculosis
- ✓4th** **J66 Airway disease due to specific organic dust**
EXCLUDES2 *allergic alveolitis (J67.-)
 asbestosis (J61)
 bagassosis (J67.1)
 farmer's lung (J67.0)
 hypersensitivity pneumonitis due to organic dust (J67.-)
 reactive airways dysfunction syndrome (J68.3)*
J66.0 Byssinosis
 Airway disease due to cotton dust
J66.1 Flax-dressers' disease
J66.2 Cannabinosis
J66.8 Airway disease due to other specific organic dusts
- ✓4th** **J67 Hypersensitivity pneumonitis due to organic dust**
INCLUDES *allergic alveolitis and pneumonitis due to inhaled organic dust and particles of fungal, actinomycetic or other origin*
EXCLUDES1 *pneumonitis due to inhalation of chemicals, gases, fumes or vapors (J68.0)*
J67.0 Farmer's lung
 Harvester's lung
 Haymaker's lung
 Moldy hay disease
J67.1 Bagassosis
 Bagasse disease
 Bagasse pneumonitis
J67.2 Bird fancier's lung
 Budgerigar fancier's disease or lung
 Pigeon fancier's disease or lung
J67.3 Suberosis
 Corkhandler's disease or lung
 Corkworker's disease or lung
J67.4 Maltworker's lung
 Alveolitis due to *Aspergillus clavatus*
J67.5 Mushroom-worker's lung
J67.6 Maple-bark-stripper's lung
 Alveolitis due to *Cryptostroma corticale*
 Cryptostromosis
J67.7 Air conditioner and humidifier lung
 Allergic alveolitis due to fungal, thermophilic actinomycetes and other organisms growing in ventilation [air conditioning] systems
J67.8 Hypersensitivity pneumonitis due to other organic dusts
 Cheese-washer's lung
 Coffee-worker's lung
 Fish-meal worker's lung
 Furrier's lung
 Sequoiosis
J67.9 Hypersensitivity pneumonitis due to unspecified organic dust
 Allergic alveolitis (extrinsic) NOS
 Hypersensitivity pneumonitis NOS

- ✓4th** **J68 Respiratory conditions due to inhalation of chemicals, gases, fumes and vapors**
Code first (T51–T65) to identify cause
 Use additional code to identify associated respiratory conditions, such as:
 acute respiratory failure (J96.0-)
- J68.0 Bronchitis and pneumonitis due to chemicals, gases, fumes and vapors** **RP CC**
 Chemical bronchitis (acute)
 AHA: 2019,2Q,31
RIC Excl: 15 Pulmonary
- J68.1 Pulmonary edema due to chemicals, gases, fumes and vapors** **RP CC**
 Chemical pulmonary edema (acute) (chronic)
EXCLUDES1 *pulmonary edema (acute) (chronic) NOS (J81.-)*
RIC Excl: 15 Pulmonary
- J68.2 Upper respiratory inflammation due to chemicals, gases, fumes and vapors, not elsewhere classified** **RP**
- J68.3 Other acute and subacute respiratory conditions due to chemicals, gases, fumes and vapors** **RP**
 Reactive airways dysfunction syndrome
- J68.4 Chronic respiratory conditions due to chemicals, gases, fumes and vapors** **RP**
 Emphysema (diffuse) (chronic) due to inhalation of chemicals, gases, fumes and vapors
 Obliterative bronchiolitis (chronic) (subacute) due to inhalation of chemicals, gases, fumes and vapors
 Pulmonary fibrosis (chronic) due to inhalation of chemicals, gases, fumes and vapors
EXCLUDES1 *chronic pulmonary edema due to chemicals, gases, fumes and vapors (J68.1)*
- J68.8 Other respiratory conditions due to chemicals, gases, fumes and vapors** **RP**
- J68.9 Unspecified respiratory condition due to chemicals, gases, fumes and vapors** **RP**
- ✓4th** **J69 Pneumonitis due to solids and liquids**
EXCLUDES1 *neonatal aspiration syndromes (P24.-)
 postprocedural pneumonitis (J95.4)*
 AHA: 2017,1Q,24
DEF: Pneumonitis: Noninfectious inflammation of the walls of the alveoli in the lung tissue due to inhalation of food, vomit, oils, essences, or other solids or liquids.
- J69.0 Pneumonitis due to inhalation of food and vomit** **RIC CC**
 Aspiration pneumonia NOS
 Aspiration pneumonia (due to) food (regurgitated)
 Aspiration pneumonia (due to) gastric secretions
 Aspiration pneumonia (due to) milk
 Aspiration pneumonia (due to) vomit
Code also any associated foreign body in respiratory tract (T17.-)
EXCLUDES1 *chemical pneumonitis due to anesthesia (J95.4)
 obstetric aspiration pneumonitis (O74.0)*
 AHA: 2020,2Q,11,28; 2019,3Q,17; 2019,2Q,6,31
TIP: Aspiration pneumonia is not classified to respiratory infection codes and does not warrant the assignment of J44.0 Chronic obstructive pulmonary disease with acute lower respiratory infection, when present concurrently with COPD.
RIC Excl: 15 Pulmonary
- J69.1 Pneumonitis due to inhalation of oils and essences** **RP RIC CC**
 Exogenous lipoid pneumonia
 Lipid pneumonia NOS
Code first (T51–T65) to identify substance
EXCLUDES1 *endogenous lipoid pneumonia (J84.89)*
RIC Excl: 15 Pulmonary
- J69.8 Pneumonitis due to inhalation of other solids and liquids** **RP RIC CC**
 Pneumonitis due to aspiration of blood
 Pneumonitis due to aspiration of detergent
Code first (T51–T65) to identify substance
RIC Excl: 15 Pulmonary
- ✓4th** **J70 Respiratory conditions due to other external agents**
- J70.0 Acute pulmonary manifestations due to radiation** **NA**
 Radiation pneumonitis
 Use additional code (W88–W90, X39.0-) to identify the external cause

- √4th** **K21 Gastro-esophageal reflux disease**
EXCLUDES 1 newborn esophageal reflux (P78.83)
- ▲** **√5th** **K21.0 Gastro-esophageal reflux disease with esophagitis**
 Reflux esophagitis
- **K21.00 Gastro-esophageal reflux disease with esophagitis, without bleeding**
 Reflux esophagitis
- **K21.01 Gastro-esophageal reflux disease with esophagitis, with bleeding**
- K21.9 Gastro-esophageal reflux disease without esophagitis** **RP**
 Esophageal reflux NOS
AHA: 2016,1Q,18
- √4th** **K22 Other diseases of esophagus**
EXCLUDES 2 esophageal varices (I85.-)
- K22.0 Achalasia of cardia**
 Achalasia NOS
 Cardiospasm
EXCLUDES 1 congenital cardiospasm (Q39.5)
DEF: Esophageal motility disorder that is caused by absence of the esophageal peristalsis and impaired relaxation of the lower esophageal sphincter. It is characterized by dysphagia, regurgitation, and heartburn.
- √5th** **K22.1 Ulcer of esophagus**
 Barrett's ulcer
 Erosion of esophagus
 Fungal ulcer of esophagus
 Peptic ulcer of esophagus
 Ulcer of esophagus due to ingestion of chemicals
 Ulcer of esophagus due to ingestion of drugs and medicaments
 Ulcerative esophagitis
Code first poisoning due to drug or toxin, if applicable (T36-T65 with fifth or sixth character 1-4 or 6)
Use additional code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5)
EXCLUDES 1 Barrett's esophagus (K22.7-)
AHA: 2018,3Q,22; 2017,3Q,27
- K22.10 Ulcer of esophagus without bleeding** **RP**
 Ulcer of esophagus NOS
- K22.11 Ulcer of esophagus with bleeding** **RP**
EXCLUDES 2 bleeding esophageal varices (I85.01, I85.11)
- K22.2 Esophageal obstruction**
 Compression of esophagus
 Constriction of esophagus
 Stenosis of esophagus
 Stricture of esophagus
EXCLUDES 1 congenital stenosis or stricture of esophagus (Q39.3)
- K22.3 Perforation of esophagus** **CC**
 Rupture of esophagus
EXCLUDES 1 traumatic perforation of (thoracic) esophagus (S27.8-)
- K22.4 Dyskinesia of esophagus**
 Corkscrew esophagus
 Diffuse esophageal spasm
 Spasm of esophagus
EXCLUDES 1 cardiospasm (K22.0)
- K22.5 Diverticulum of esophagus, acquired** **RP**
 Esophageal pouch, acquired
EXCLUDES 1 diverticulum of esophagus (congenital) (Q39.6)
- K22.6 Gastro-esophageal laceration-hemorrhage syndrome** **RP**
 Mallory-Weiss syndrome
- √5th** **K22.7 Barrett's esophagus**
 Barrett's disease
 Barrett's syndrome
EXCLUDES 1 Barrett's ulcer (K22.1)
malignant neoplasm of esophagus (C15.-)
DEF: Metaplastic disorder in which specialized columnar epithelial cells replace the normal squamous epithelial cells. Secondary to chronic gastroesophageal reflux damage to the mucosa, this disorder increases the risk of developing adenocarcinoma.
- K22.70 Barrett's esophagus without dysplasia** **RP**
 Barrett's esophagus NOS
- √6th** **K22.71 Barrett's esophagus with dysplasia** **RP**
K22.710 Barrett's esophagus with low grade dysplasia

K22.711 Barrett's esophagus with high grade dysplasia **RP**

K22.719 Barrett's esophagus with dysplasia, unspecified **RP**

K22.8 Other specified diseases of esophagus **RP CC**

Hemorrhage of esophagus NOS
EXCLUDES 2 esophageal varices (I85.-)
 Paterson-Kelly syndrome (D50.1)

AHA: 2020,1Q,16

RIC Excl: 15 Pulmonary

K22.9 Disease of esophagus, unspecified **RP**

K23 Disorders of esophagus in diseases classified elsewhere **RP**

Code first underlying disease, such as:
 congenital syphilis (A50.5)

EXCLUDES 1 late syphilis (A52.79)

megaesophagus due to Chagas' disease (B57.31)
 tuberculosis (A18.83)

√4th **K25 Gastric ulcer**

INCLUDES erosion (acute) of stomach
 pylorus ulcer (peptic)
 stomach ulcer (peptic)

Use additional code to identify:

alcohol abuse and dependence (F10.-)

EXCLUDES 1 acute gastritis (K29.0-)

peptic ulcer NOS (K27.-)

AHA: 2017,3Q,27

K25.0 Acute gastric ulcer with hemorrhage **RP CC**

K25.1 Acute gastric ulcer with perforation **RP CC**

K25.2 Acute gastric ulcer with both hemorrhage and perforation **RP CC**

K25.3 Acute gastric ulcer without hemorrhage or perforation **RP**

K25.4 Chronic or unspecified gastric ulcer with hemorrhage **RP CC**

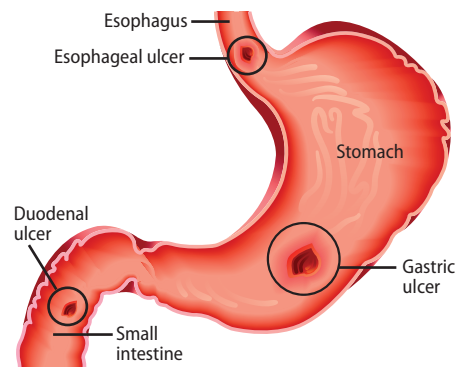
K25.5 Chronic or unspecified gastric ulcer with perforation **RP CC**

K25.6 Chronic or unspecified gastric ulcer with both hemorrhage and perforation **RP CC**

K25.7 Chronic gastric ulcer without hemorrhage or perforation **RP**

K25.9 Gastric ulcer, unspecified as acute or chronic, without hemorrhage or perforation **RP**

Gastrointestinal Ulcers



√4th **K26 Duodenal ulcer**

INCLUDES erosion (acute) of duodenum
 duodenum ulcer (peptic)
 postpyloric ulcer (peptic)

Use additional code to identify:

alcohol abuse and dependence (F10.-)

EXCLUDES 1 peptic ulcer NOS (K27.-)

AHA: 2017,3Q,27

K26.0 Acute duodenal ulcer with hemorrhage **RP CC**

K26.1 Acute duodenal ulcer with perforation **RP CC**

K26.2 Acute duodenal ulcer with both hemorrhage and perforation **RP CC**

K26.3 Acute duodenal ulcer without hemorrhage or perforation **RP**

√4th S34 Injury of lumbar and sacral spinal cord and nerves at abdomen, lower back and pelvis level

NOTE Code to highest level of lumbar cord injury.
Injuries to the spinal cord (S34.0 and S34.1) refer to the cord level and not bone level injury, and can affect nerve roots at and below the level given.

Code also any associated:
fracture of vertebra (S22.0-, S32.0-)
open wound of abdomen, lower back and pelvis (S31.-)
transient paralysis (R29.5)

The appropriate 7th character is to be added to each code from category S34.

A initial encounter
D subsequent encounter
S sequela

√5th S34.0 Concussion and edema of lumbar and sacral spinal cord

√x7th S34.01 Concussion and edema of lumbar spinal cord RIC

√x7th S34.02 Concussion and edema of sacral spinal cord RIC
Concussion and edema of conus medullaris

√5th S34.1 Other and unspecified injury of lumbar and sacral spinal cord

√6th S34.10 Unspecified injury to lumbar spinal cord

√7th S34.101 Unspecified injury to L1 level of lumbar spinal cord RIC
Unspecified injury to lumbar spinal cord level 1

√7th S34.102 Unspecified injury to L2 level of lumbar spinal cord RIC
Unspecified injury to lumbar spinal cord level 2

√7th S34.103 Unspecified injury to L3 level of lumbar spinal cord RIC
Unspecified injury to lumbar spinal cord level 3

√7th S34.104 Unspecified injury to L4 level of lumbar spinal cord RIC
Unspecified injury to lumbar spinal cord level 4

√7th S34.105 Unspecified injury to L5 level of lumbar spinal cord RIC
Unspecified injury to lumbar spinal cord level 5

√7th S34.109 Unspecified injury to unspecified level of lumbar spinal cord RIC

√6th S34.11 Complete lesion of lumbar spinal cord

√7th S34.111 Complete lesion of L1 level of lumbar spinal cord RIC
Complete lesion of lumbar spinal cord level 1

√7th S34.112 Complete lesion of L2 level of lumbar spinal cord RIC
Complete lesion of lumbar spinal cord level 2

√7th S34.113 Complete lesion of L3 level of lumbar spinal cord RIC
Complete lesion of lumbar spinal cord level 3

√7th S34.114 Complete lesion of L4 level of lumbar spinal cord RIC
Complete lesion of lumbar spinal cord level 4

√7th S34.115 Complete lesion of L5 level of lumbar spinal cord RIC
Complete lesion of lumbar spinal cord level 5

√7th S34.119 Complete lesion of unspecified level of lumbar spinal cord RIC

√6th S34.12 Incomplete lesion of lumbar spinal cord

√7th S34.121 Incomplete lesion of L1 level of lumbar spinal cord RIC
Incomplete lesion of lumbar spinal cord level 1

√7th S34.122 Incomplete lesion of L2 level of lumbar spinal cord RIC
Incomplete lesion of lumbar spinal cord level 2

√7th S34.123 Incomplete lesion of L3 level of lumbar spinal cord RIC
Incomplete lesion of lumbar spinal cord level 3

√7th S34.124 Incomplete lesion of L4 level of lumbar spinal cord RIC
Incomplete lesion of lumbar spinal cord level 4

√7th S34.125 Incomplete lesion of L5 level of lumbar spinal cord RIC
Incomplete lesion of lumbar spinal cord level 5

√7th S34.129 Incomplete lesion of unspecified level of lumbar spinal cord RIC

√6th S34.13 Other and unspecified injury to sacral spinal cord

Other injury to conus medullaris

√7th S34.131 Complete lesion of sacral spinal cord RIC
Complete lesion of conus medullaris

√7th S34.132 Incomplete lesion of sacral spinal cord RIC
Incomplete lesion of conus medullaris

√7th S34.139 Unspecified injury to sacral spinal cord RIC
Unspecified injury of conus medullaris

√5th S34.2 Injury of nerve root of lumbar and sacral spine

√x7th S34.21 Injury of nerve root of lumbar spine RIC

√x7th S34.22 Injury of nerve root of sacral spine RIC

√x7th S34.3 Injury of cauda equina RIC

√x7th S34.4 Injury of lumbosacral plexus RIC

√x7th S34.5 Injury of lumbar, sacral and pelvic sympathetic nerves RIC
Injury of celiac ganglion or plexus
Injury of hypogastric plexus
Injury of mesenteric plexus (inferior) (superior)
Injury of splanchnic nerve

√x7th S34.6 Injury of peripheral nerve(s) at abdomen, lower back and pelvis level

√x7th S34.8 Injury of other nerves at abdomen, lower back and pelvis level

√x7th S34.9 Injury of unspecified nerves at abdomen, lower back and pelvis level

√4th S35 Injury of blood vessels at abdomen, lower back and pelvis level

Code also any associated open wound (S31.-)

The appropriate 7th character is to be added to each code from category S35.

A initial encounter
D subsequent encounter
S sequela

√6th S35.0 Injury of abdominal aorta

EXCLUDES1 injury of aorta NOS (S25.0)

√x7th S35.00 Unspecified injury of abdominal aorta

√x7th S35.01 Minor laceration of abdominal aorta RIC
Incomplete transection of abdominal aorta
Laceration of abdominal aorta NOS
Superficial laceration of abdominal aorta

√x7th S35.02 Major laceration of abdominal aorta RIC
Complete transection of abdominal aorta
Traumatic rupture of abdominal aorta

√x7th S35.09 Other injury of abdominal aorta RIC

√5th S35.1 Injury of inferior vena cava

Injury of hepatic vein

EXCLUDES1 injury of vena cava NOS (S25.2)

√x7th S35.10 Unspecified injury of inferior vena cava RIC

√x7th S35.11 Minor laceration of inferior vena cava RIC
Incomplete transection of inferior vena cava
Laceration of inferior vena cava NOS
Superficial laceration of inferior vena cava

√x7th S35.12 Major laceration of inferior vena cava RIC
Complete transection of inferior vena cava
Traumatic rupture of inferior vena cava

√x7th S35.19 Other injury of inferior vena cava RIC

Appendixes

Appendix A: Valid 3-character ICD-10-CM Codes

A09	Infectious gastroenteritis and colitis, unspecified	E43	Unspecified severe protein-calorie malnutrition
A33	Tetanus neonatorum	E45	Retarded development following protein-calorie malnutrition
A34	Obstetrical tetanus	E46	Unspecified protein-calorie malnutrition
A35	Other tetanus	E52	Niacin deficiency [pellagra]
A46	Erysipelas	E54	Ascorbic acid deficiency
A55	Chlamydial lymphogranuloma (venereum)	E58	Dietary calcium deficiency
A57	Chancroid	E59	Dietary selenium deficiency
A58	Granuloma inguinale	E60	Dietary zinc deficiency
A64	Unspecified sexually transmitted disease	E65	Localized adiposity
A65	Nonvenereal syphilis	E68	Sequelae of hyperalimentation
A70	Chlamydia psittaci infections	F04	Amnesic disorder due to known physiological condition
A78	Q fever	F05	Delirium due to known physiological condition
A86	Unspecified viral encephalitis	F09	Unspecified mental disorder due to known physiological condition
A89	Unspecified viral infection of central nervous system	F21	Schizotypal disorder
A90	Dengue fever [classical dengue]	F22	Delusional disorders
A91	Dengue hemorrhagic fever	F23	Brief psychotic disorder
A94	Unspecified arthropod-borne viral fever	F24	Shared psychotic disorder
A99	Unspecified viral hemorrhagic fever	F28	Other psychotic disorder not due to a substance or known physiological condition
B03	Smallpox	F29	Unspecified psychosis not due to a substance or known physiological condition
B04	Monkeypox	F39	Unspecified mood [affective] disorder
B09	Unspecified viral infection characterized by skin and mucous membrane lesions	F42	Obsessive-compulsive disorder
B20	Human immunodeficiency virus [HIV] disease	F54	Psychological and behavioral factors associated with disorders or diseases classified elsewhere
B49	Unspecified mycosis	F59	Unspecified behavioral syndromes associated with physiological disturbances and physical factors
B54	Unspecified malaria	F66	Other sexual disorders
B59	Pneumocystosis	F69	Unspecified disorder of adult personality and behavior
B64	Unspecified protozoal disease	F70	Mild intellectual disabilities
B72	Dracunculiasis	F71	Moderate intellectual disabilities
B75	Trichinellosis	F72	Severe intellectual disabilities
B79	Trichuriasis	F73	Profound intellectual disabilities
B80	Enterobiasis	F78	Other intellectual disabilities
B86	Scabies	F79	Unspecified intellectual disabilities
B89	Unspecified parasitic disease	F82	Specific developmental disorder of motor function
B91	Sequelae of poliomyelitis	F88	Other disorders of psychological development
B92	Sequelae of leprosy	F89	Unspecified disorder of psychological development
C01	Malignant neoplasm of base of tongue	F99	Mental disorder, not otherwise specified
C07	Malignant neoplasm of parotid gland	G01	Meningitis in bacterial diseases classified elsewhere
C12	Malignant neoplasm of pyriform sinus	G02	Meningitis in other infectious and parasitic diseases classified elsewhere
C19	Malignant neoplasm of rectosigmoid junction	G07	Intracranial and intraspinal abscess and granuloma in diseases classified elsewhere
C20	Malignant neoplasm of rectum	G08	Intracranial and intraspinal phlebitis and thrombophlebitis
C23	Malignant neoplasm of gallbladder	G09	Sequelae of inflammatory diseases of central nervous system
C33	Malignant neoplasm of trachea	G10	Huntington's disease
C37	Malignant neoplasm of thymus	G14	Postpolio syndrome
C52	Malignant neoplasm of vagina	G20	Parkinson's disease
C55	Malignant neoplasm of uterus, part unspecified	G26	Extrapyramidal and movement disorders in diseases classified elsewhere
C58	Malignant neoplasm of placenta	G35	Multiple sclerosis
C61	Malignant neoplasm of prostate	G53	Cranial nerve disorders in diseases classified elsewhere
C73	Malignant neoplasm of thyroid gland	G55	Nerve root and plexus compressions in diseases classified elsewhere
D34	Benign neoplasm of thyroid gland	G59	Mononeuropathy in diseases classified elsewhere
D45	Polycythemia vera	G63	Polyneuropathy in diseases classified elsewhere
D62	Acute posthemorrhagic anemia	G64	Other disorders of peripheral nervous system
D65	Disseminated intravascular coagulation [defibrination A syndrome]	G92	Toxic encephalopathy
D66	Hereditary factor VIII deficiency	G94	Other disorders of brain in diseases classified elsewhere
D67	Hereditary factor IX deficiency	H22	Disorders of iris and ciliary body in diseases classified elsewhere
D71	Functional disorders of polymorphonuclear neutrophils	H28	Cataract in diseases classified elsewhere
D77	Other disorders of blood and blood-forming organs in diseases classified elsewhere	H32	Chorioretinal disorders in diseases classified elsewhere
E02	Subclinical iodine-deficiency hypothyroidism	H36	Retinal disorders in diseases classified elsewhere
E15	Nondiabetic hypoglycemic coma	H42	Glaucoma in diseases classified elsewhere
E35	Disorders of endocrine glands in diseases classified elsewhere		
E40	Kwashiorkor		
E41	Nutritional marasmus		
E42	Marasmic kwashiorkor		

Appendix H: Skilled Nursing Facility Active Diagnosis List

The Minimum Data Set (MDS) 3.0 is completed for all residents in nursing homes certified by Medicare or Medicaid and residents in noncritical access hospitals with Medicare swing bed agreements. Although the provider should complete all items of the MDS assessment relevant to the resident, this resource includes only those items from sections I and J of the MDS that provide diagnostic and/or surgical information needed to calculate the case-mix score for one or more of the PDPM components. Additional information from other sections of the MDS, such as specific treatment or services provided, may also be required in order to score these elements, depending on the individual PDPM component methodology.

Note: This information is based on the final release of the MDS 3.0, version 1.17.2. The finalized release of this file, effective October 1, 2020, can be found at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>.

MDS Item Number	Section I: MDS Item Description	PDPM Component
I0020	ICD-10-CM code that indicates the resident's primary reason for admission	X
Cancer		
I0100	Cancer (with or without metastasis)	
Heart/Circulation		
I0200	Anemia (e.g., aplastic, iron deficiency, pernicious, sickle cell)	
I0300	Atrial fibrillation or other dysrhythmias (e.g., bradycardias, tachycardias)	
I0400	Coronary artery disease (CAD) (e.g., angina, myocardial infarction, atherosclerotic heart disease [ASHD])	
I0500	Deep venous thrombosis (DVT), pulmonary embolus (PE), or pulmonary thrombo-embolism (PTE)	
I0600	Heart failure (e.g., congestive heart failure [CHF], pulmonary edema)	
I0700	Hypertension	
I0800	Orthostatic hypotension	
Gastrointestinal		
I1100	Cirrhosis	
I1200	Gastroesophageal reflux disease (GERD) or ulcer (e.g., esophageal, gastric, and peptic ulcers)	
I1300	Ulcerative colitis, Crohn's disease, or inflammatory bowel disease	X
Genitourinary		
I1400	Benign prostatic hyperplasia (BPH)	
I1500	Renal insufficiency, renal failure, or end-stage renal disease (ESRD)	
I1550	Neurogenic bladder	
I1650	Obstructive uropathy	
Infections		
I1700	Multidrug-resistant organism (MDRO)	X
I2000	Pneumonia	X
I2100	Septicemia	X
I2200	Tuberculosis	
I2300	Urinary tract infection (UTI) (last 30 days)	
I2400	Viral hepatitis (e.g., hepatitis A, B, C, D, and E)	
I2500	Wound infection (other than foot)	X

MDS Item Number	Section I: MDS Item Description	PDPM Component
Metabolic		
I2900	Diabetes mellitus (DM) (e.g., diabetic retinopathy, nephropathy, neuropathy)	X
I3100	Hyponatremia	
I3200	Hyperkalemia	
I3300	Hyperlipidemia (e.g., hypercholesterolemia)	
I3400	Thyroid disorder (e.g., hypothyroidism, hyperthyroidism, Hashimoto's thyroiditis)	
Musculoskeletal		
I3700	Arthritis (e.g., degenerative joint disease [DJD], osteoarthritis, rheumatoid arthritis [RA])	
I3800	Osteoporosis	
I3900	Hip fracture (any hip fracture that has a relationship to current status, treatments, monitoring (e.g., subcapital fractures and fractures of the trochanter and femoral neck))	
I4000	Other fracture	
Neurological		
I4200	Alzheimer's disease	
I4300	Aphasia	X
I4400	Cerebral palsy	X
I4500	Cerebrovascular accident (CVA), transient ischemic attack (TIA), or stroke	X
I4800	Non-Alzheimer's Dementia (e.g., Lewy-Body dementia; vascular or multi-infarct dementia; mixed dementia; frontotemporal dementia such as Pick's disease; and dementia related to stroke, Parkinson's disease or Creutzfeldt-Jakob diseases)	
I4900	Hemiplegia or hemiparesis	X
I5000	Paraplegia	
I5100	Quadriplegia	X
I5200	Multiple sclerosis (MS)	X
I5250	Huntington's disease	
I5300	Parkinson's disease	X
I5350	Tourette's syndrome	
I5400	Seizure disorder or epilepsy	
I5500	Traumatic brain injury (TBI)	X
Nutritional		
I5600	Malnutrition (protein or calorie) or at risk for malnutrition	X
I5700	Anxiety disorder	
I5800	Depression (other than bipolar)	
I5900	Bipolar disorder	
I5950	Psychotic disorder (other than schizophrenia)	
I6000	Schizophrenia (e.g., schizoaffective and schizophreniform disorders)	
I6100	Post-traumatic stress disorder (PTSD)	

Arteries

